

## Community Development Department 2529 J. O. Stephenson Avenue Kennesaw, GA 30144 (770) 429-4554 Fax (770) 429-4548

## **Charge Card Authorization Form**

Please fill in the following infor-	mation <b>completely</b> so pe	ermits can be processe	ed properly.
Type of Card: Visa	MasterCard		
Type of Permit:			
Card Number:		Exp Date:	CV#
Name on Card:			
Billing Address:			
Company Name:			
Contact Person:		Phone	

This form must be filled out and accompanied by a picture ID, (Drivers License, Georgia State ID) of the person responsible for payment of credit card. **SHOW ID ON BOTTOM OF THIS FORM**.